



## S.T.O.M.P. APPLICATION

### Scottsdale Teens On a Mission for Progress

Please complete both sides of this application in its entirety and sign the last page. List the type of assistance needed on the next page.

Date:
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Head of Household Name:	Date of Birth:
Spouse's Name:	Date of Birth:
Address: (Number) (Street)	(City) (State) (Zip)
Phone Number:	Alternate Phone Number:
Do you own any other real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list address:	
Have you received a Notice of Violation from Code Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list name of Code Enforcement Officer:	
How did you hear about the S.T.O.M.P. Program?	

Head of Household Social Security #:	Spouse's Social Security #:		
Please list the <u>total</u> number of persons living in the household:			
Please list the names, relationships, social security numbers and dates of birth of <u>all</u> other adults (18 or older) in the household:			
Name:	Relationship:	Social Security #:	Date of Birth:
1.			
2.			

Approximate combined gross income ( <i>before taxes</i> ) of <u>all</u> persons living in the home: \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Age of Home:	How long have you owned <u>and</u> lived in the home as your primary residence?
Tax Parcel #:	Is your home a co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home a mobile/manufactured home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," do you own the real property on which the home is located? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you operate a business out of your home?

☐ Yes      ☐ No      If "Yes," please give name and nature of business.

Are you employed by or a relative of any employee of the City of Scottsdale or any non-profit?  
☐ Yes      ☐ No      If "Yes," please list name, relationship, agency, department and dates of employment.

Name:                      Relationship:                      Agency:                      Department:                      Dates:

Please certify each of the following statements by initialing on the line next to the statement.  
(If you cannot certify to each of the following you may not qualify for assistance)

A. I have owned and occupied the home listed above for the past \_\_\_\_\_ (initial)  
year or longer.

B. I understand the City of Scottsdale may obtain a title and credit \_\_\_\_\_ (initial)  
report to verify qualification.

Credit and title reports may be processed on each person and their property receiving rehabilitation. If IRS tax liens or tax certificates are found, your application will automatically be disqualified, unless written satisfaction of lien is presented to the Program Coordinator.

Please check the type of assistance needed:

- ☐ Overgrown grass/weeds
- ☐ Bare dirt areas
- ☐ Converting grass landscape to rock landscape
- ☐ Painting of trim, fascia
- ☐ Trim overgrown trees/bushes
- ☐ Other \_\_\_\_\_

I certify that all the information I have given and will give in connection with this application, either in writing or orally is true and correct. I understand that false, fictitious or fraudulent statements, or representations to defraud the United States Government of funds voids my application for assistance, as is punishable by fines not to exceed \$10,000 or imprisonment for not more than five years, or both under U.S.C. Title 18, Sec. 1001. I understand that it is the obligation of the City of Scottsdale to prosecute violations.

Signature of Applicant: \_\_\_\_\_ Date

Signature of Co-Applicant: \_\_\_\_\_ Date